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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/821,615	03/29/2001	Ervin Dennis Walter	D01615US (1517.002)	4103
91065 Epic c/o Boyle Fredrickson S.C. 840 North Plankinton Avenue Milwaukee, WI 53203	7590 01/18/2011			
EXAMINER				
RAPILLO, KRISTINE K				
ART UNIT		PAPER NUMBER		
3626				
NOTIFICATION DATE		DELIVERY MODE		
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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

docketing@boylefred.com

Office Action Summary

Application No.

09/821,615

Applicant(s)

WALTER ET AL.

Examiner

KRISTINE K. RAPILLO

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --
Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
 - If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
 - Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
- Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 25 October 2010.
- 2a) ☒ This action is **FINAL**. 2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 71-88 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 71-88 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☒ The drawing(s) filed on 29 March 2001 is/are: a) ☒ accepted or b) ☐ objected to by the Examiner.
- Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
- Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- 1) ☒ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☒ Information Disclosure Statement(s) (PTO-88/86)
- 4) ☐ Interview Summary (PTO-413)
- 5) ☐ Notice of Informal Patent Application
- 6) ☐ Other: _____
- Paper No(s)/Mail Date See Continuation Sheet

Continuation of Attachment(s) 3). Information Disclosure Statement(s) (PTO/SB/08), Paper No(s)/Mail Date :1/25/2002; 2/7/2002; 6/17/2002; 2/3/2003; 2/18/2004; 10/26/2004; 2/14/2005; 4/7/2005.

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the amendment filed October 25, 2010. Claims 71 – 88 are amended. Claims 1 – 70 were previously cancelled. Claims 71 – 88 are presented for examination.

Claim Rejections - 35 USC § 112

2. The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

3. Claim 71 is rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention. The user name and password not linked to a clinical medical record and the link between a user name and password and the clinical medical record are unclear. It is unclear if the method requires separate and distinct passwords and user names; it appears more than one password/user name is needed to ensure a patient is allowed access to the patient sourced data and the actual medical record.
4. The rejection of claim 71 is under 35 U.S.C. 112, second paragraph, regarding "anonymous mode" and lack of antecedent basis are hereby withdrawn based upon the amendment submitted October 25, 2010.
5. The rejections of claim 73 and 79 under 35 U.S.C. 112, second paragraph, are hereby withdrawn based upon the amendment submitted October 25, 2010

Claim Rejections - 35 USC § 103

6. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

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7. Claims 71 – 88 are rejected under 35 U.S.C. 103(a) as being unpatentable over Hacker (U.S. Patent Number 6,988,075) in view of Goldenberg (U.S. Publication Number 2002/0065682 A1) further in view of Wilkins (U.S. Patent Number 6,523,009).

In regard to claim 71 (Currently Amended), Hacker teaches a computer system allowing patient-sourced data to be added to a clinical medical record system comprising:

a computer-implemented clinical medical record database created by and accessible to healthcare providers and holding clinical information generated by the healthcare providers during the provision of healthcare (column 7, lines 22 – 24 where Hacker discloses a medical information system and service which stores patient medical records on a database and allows for remote access to the records by medical providers (column 7, lines 22 - 24) which utilizes a web browser to access patient records (column 8, lines 46 - 49). Hacker further discloses patient sourced information where patient medical records may be entered into a system from other sources including patient provided medical information, such as a hard copy of prior medical history (column 6, lines 57 - 60 and column 10, lines 54 - 58). Thus implying a patient medical record is created by and accessible to a health care provider); and a computer-implemented Web portal configured to control access to both of the clinical medical record database and the personal health record database (column 8, lines 61 – 65 and column 9, lines 1 – 11 where Hacker provides links to various portions of the electronic medical record, thus showing controlled access to the electronic medical record and patient sourced data; if a patient does not have the appropriate access, the access will be denied).

Hacker also teaches a system operating in one of: (2) a second mode in which the patient is provided with access to the patient-sourced medical database and read-only access to the data of the clinical medical record (column 8, lines 50 – 57) based on a prior determination that the user is a patient of the healthcare provider (column 7, lines 43 – 63) and creation of a computer-implemented link between the user name and password and the clinical medical record (column 8, lines 59 - 67).

Goldenberg teaches a system operating in (1) a first mode in which the patient is provided with access to the patient-sourced medical data in the personal health record database but not data of the

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clinical medical record when the patient provides basic identification information (paragraphs 43 – and 44) where Hacker discloses patient sourced medical data discussed above (Hacker: column 10, lines 54 - 58) and Goldenberg discloses a guest membership, which is interpreted as anonymous, and allows a non-subscriber access to the system. A user is assigned a user ID and password which keep the patient anonymous respective of the levels of access (paragraph [0042]) including a user name and password that are not linked to the clinical medical record (paragraphs 42 and 43 where a guest subscription allows a user to be an authorized guest with a specific level of access).

Wilkins teaches a system comprising: a computer-implemented personal health record database holding patient-sourced medical data entered by the patient (column 2, line 66 through column 3, line 1) and wherein the healthcare providers have write access to a clinical medical record and a patient described in the clinical medical record does not have write access to the clinical medical record (claim 51).

Claim 71 is rejected under 35 U.S.C. 103 as being unpatentable over Hacker and Goldenberg, in view of Wilkins.

Hacker discloses an electronic medical record system and service for centrally storing patient's medical records electronically on a database for patient controlled remote access by both patients and medical providers.

Goldenberg discloses an interactive network-based health information system which provides up-to-date medical information directly to a user and provides for remote monitoring and diagnosis of the patient and for remote treatment. Various levels of service are provided based on the user being a registered user or authorized guest.

Wilkins discloses an individualized patient electronic medical record system which permits unlimited patient access to his or her medical record. The patient may review and enter comments, such as self-reported data, but has read-only access to input by a medical professional.

It would have been obvious to one of ordinary skill in the art to include in the electronic medical record system and service of Hacker and the health information system of Goldenberg, with patient access to medical records as taught by Wilkins since the claimed invention is merely a combination of old

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elements, and in the combination each element merely would have performed the same function as it did separately, and one of ordinary skill in the art would have recognized that the results of the combination are predictable.

In regard to claim 72 (Currently Amended), Hacker, Goldenberg, and Wilkins teach the computer system of claim 71. Hacker further teaches a system wherein the second mode allows integrated access of the personal health record database including the patient-sourced data and data of the clinical medical record database by the patient without re-entry of information from the personal health record database by the patient (column 8, lines 46 – 67) where Hacker discloses access to a patient medical record which includes links to other sections (i.e. different physicians) without re-entering identification and password.

In regard to claim 73 (Currently Amended), Hacker, Goldenberg, and Wilkins teach the computer system of claim 71.

Wilkins further teaches a system wherein the Web portal in the second mode allows the user to flag patient-sourced data wherein the flagged data is accessible by the healthcare provider (column 2, line 66 through column 3, line 1) where Wilkins discloses a patient may review and enter comments for a physician review. Although Wilkins does not explicitly disclose flagging the comments, it is implied that the comments are flagged in some manner so that the comments are indicated to the reviewing physician. The Web portal was disclosed by Hacker in claim 71 above.

The motivation to combine the teachings of Hacker, Goldenberg, and Wilkins is discussed in the rejection of claim 71, and incorporated herein.

In regard to claim 74 (Currently Amended), Hacker, Goldenberg, and Wilkins teach the computer system of claim 71. Hacker further teaches a system wherein in the Web portal in the first mode allows the patient to undertake electronic communication with healthcare professionals (column 10, lines 4 – 33). However, Hacker does not explicitly teach a system which includes an anonymous mode.

Goldenberg teaches a system including an first mode (paragraphs [0043] and [0044]).

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The motivation to combine the teachings of Hacker, Goldenberg, and Wilkins is discussed in the rejection of claim 71, and incorporated herein.

In regard to claim 75 (Currently Amended), Hacker, Goldenberg, and Wilkins teach the computer system of claim 71.

Goldenberg further teaches a system wherein the patient provides a user name and identifying information that is anonymous in nature in the first mode (paragraphs [0043] and [0044]) where a user can be an authorized guest.

The motivation to combine the teachings of Hacker, Goldenberg, and Wilkins is discussed in the rejection of claim 71, and incorporated herein.

In regard to claim 76 (Currently Amended), Hacker, Goldenberg, and Wilkins teach the computer system of claim 71. Hacker further teaches a system wherein the Web portal in the first mode does not permit the patient to make appointments with the healthcare professionals and the Web portal in the second mode does allow the patient to make appointments with health care professionals (column 6, lines 38 – 40; column 8, lines 25 – 34; and, column 10, lines 4 – 18). Hacker teaches a system for scheduling an appointment via e-mail; because Hackers invention requires registered users to submit an identifier and password, it is inherent that a registered user can schedule appointments with a health care provider.

The limitations of claim 83 (Currently Amended) are the same or similar to the limitations disclosed in claim 71, and are taught by a combination of Hacker, Goldenberg, and Wilkins as discussed above with the exception of the following limitation: the Web portal including an option to convert to a second mode wherein the patient-sourced data is incorporated into the clinical medical record when the patient has registered and a computer implemented link between the user name and password and the

clinical medical record has been created and thus is fully identified and wherein the patient is permitted to make appointments and request services of the healthcare providers.

Hacker discloses a web portal to access patient records (column 8, lines 46 - 49) where the patient sourced medical information (column 10, lines 54 - 58 as discussed above) is incorporated into the electronic medical record. Hacker discloses access to electronic medical record is controlled by a server set cookie or patient supplied pass phrase (column 8, lines 55 - 67 thus showing a link between the user name/password and the medical record), which in turn enables a display screen in which a patient gains access to a physician link for web based appointment scheduling (column 9, lines 26 - 32). Thus, Hacker, who discloses web based appointment scheduling discussed above.

Goldenberg discloses non-subscribers access to the system (paragraphs 43 - and 44) where Goldenberg discloses a guest membership, which is interpreted as anonymous, and allows a non-subscriber access to the system. A user is assigned a user ID and password which keep the patient anonymous respective of the levels of access (paragraph [0042]).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made include the function of denying non-subscribers access to web based scheduling as taught by Goldenberg, as Goldenberg discloses various levels of access to a user (paragraphs [0030] through [0038] and paragraph [0042] through [0044]).

Method and system claims 77 - 82 and 83 - 88 repeat the subject matter of system claims 71 - 76. As the underlying processes of claims 71 - 76 have been shown to be fully disclosed by the teachings of Hacker, Goldenberg, and Wilkins in the above rejections of claims 71 - 76; as such, these limitations (77 - 88) are rejected for the same reasons given above for claims 71 - 76 and incorporated herein.

Response to Arguments

8. Applicant's arguments filed October 25, 2010 have been fully considered but they are not persuasive. Applicant's arguments will be addressed herein below in the order in which they appear in the response filed October 25, 2010.

9. Claims 71 and 77: New art has been applied to the amended claims. Wilkins discloses a user (i.e. patient) has full access to self-reported data and electronic medical records, but the access to the electronic medical records is read-only. Thus, Applicant's arguments are not persuasive.

10. With regard to the cited references, the Applicant argues that none of Hacker, Goldenberg, or Segal teaches or suggests two databases including a clinical medical record that features write access by a health care provider. The Examiner respectfully submits that Hacker discloses a medical information system and service which stores patient medical records on a database and utilizes a web browser to access the patient record (column 7, lines 22 - 24). Wilkins discloses an electronic medical record with patient sourced (or entered) data (column 2, line 66 through column 3, line 1). It would be obvious to combine the inventions of Hacker and Wilkins as both inventions are directed to granting access to physician entered data with read-only access, with the ability for a patient to enter data to a patient sourced database through a web portal, thus hyperlinks would allow the appropriate access to the databases.

11. The Applicant argues Goldenberg only teaches levels of access required to access clinical articles and is not related to accessing medical records. The Examiner respectfully submits that Goldenberg was cited for illustrating password/user identification functionality for gaining various levels of access which can be used in any field of use, the fact that Goldenberg does not explicitly recite medical records is irrelevant. The method used to gain access to data would be the same regardless of the type of data or records. Thus, Applicant's argument is not persuasive.

12. With regard to claims 83 – 88, the Applicant argues none of Hacker, Goldenberg, or Segal describes a web portal accepting patient sourced data but denying access to appointment scheduling and service requests. The Examiner respectfully submits new art and/or new citations have been applied to the amended claims.

Conclusion

13. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

14. Any inquiry concerning this communication or earlier communications from the examiner should be directed to KRISTINE K. RAPILLO whose telephone number is (571)270-3325. The examiner can normally be reached on Monday to Thursday 6:30 am to 3:30 pm Eastern Time.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Robert Morgan can be reached on 571-272-6773. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/K. K. R./

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Examiner, Art Unit 3626

/C. Luke Gilligan/

Primary Examiner, Art Unit 3626